

**SUPPLEMENTAL SECURITY INCOME
EXCEPTIONAL EXPENSE SUPPLEMENT**

STATE SSI-E ADMINISTRATION POLICY

**STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF DISABILITY AND ELDER SERVICES**

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STATE SSI-E ADMINISTRATION POLICY

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PREFACE

PURPOSE

The purpose of the SSI-E supplement is to provide additional funds to certain SSI recipients who have exceptional expenses, as evidenced:

1. by their living in substitute care with monthly expenses to the person which are greater than or equal to the SSI-E payment level; or
2. by their living at home and needing at least 40 hours per month of primary long-term support services.

SSI recipients, regardless of their disability or age, are potentially eligible for the SSI-E supplement. When a couple is receiving SSI, one or both of them may be eligible for SSI-E. Children who receive SSI may be eligible for SSI-E whether they live in substitute care or in their parent's home. However, some special requirements apply to children living with parents or a person residing with a spouse (see Part 2 of this policy).

The supplement for people living in substitute care is limited to residents of facilities which are relatively small (20 beds or less). Some larger facilities have been grandfathered-in on the basis of prior eligibility (see the list in Appendix C).

The aim of the supplement for people living in their own homes is to assist them to remain in the community rather than move to nursing homes. It recognizes the higher living and support expenses involved in meeting substantial long-term support needs.

BACKGROUND

Supplemental Security Income (SSI) is a program of monthly cash payments for elderly and disabled people who have limited income and assets (resources). SSI consists of a basic federal payment with a state supplement. The federal portion is increased each year by the federal cost of living adjustment (COLA) by the same percentage as Social Security (Title II) benefits.

Federal SSI payments are administered by the federal government through the Social Security Administration (SSA). To apply for SSI, a person goes to the local Social Security office or calls the Social Security Administration at 800-772-1213.

However, to be eligible for SSI a person who has limited assets and income must meet one of two tests:

1. be age 65 or over; or
2. be disabled or blind by criteria established in the Social Security Act.

For a determination of disability or blindness, the SSA refers the person to the Bureau of Disability Determination (DDB) in the Division of Health Care Financing, Department of Health and Family Services.

The SSI countable income limit is the federal SSI payment level for the particular living arrangement (see Appendix B).

The SSI countable asset (resource) limit is \$2,000 for an individual and \$3,000 for couples. Certain assets, such as homestead property, are exempt from the asset limit.

State SSI, Exception Expense Supplement and Caretaker Supplement payments are administered by the Wisconsin Department of Health and Family Services, Division of Disability and Elder Services (DDES). Department of Health and Family Services contracts with EDS, a data processing firm, to maintain client eligibility files, conduct eligibility reviews and send benefits to eligible recipients. EDS maintains a toll free Recipient Services phone line at 1-800-362-3002 for State SSI recipients on behalf of the Department.

In January, 2004, approximately 103,000 individuals received state SSI benefits. Most of these individuals also received federal SSI benefits. However, approximately 10,000 beneficiaries received only state benefits. These "grandfathered" recipients became eligible for state only SSI under provisions which were in existence prior to January 1, 1996. All "grandfathered" state only SSI recipients are eligible for certification for SSI-E, if they meet the eligibility requirements specified in this policy document.

SSI recipients apply for SSI-E at their county Department of Social Services (DSS), Department of Human Services (DHS), Department of Community Programs (DCP), Department of Developmental Disabilities Services (DDS) or County Aging Unit (CAU) (if the aging unit is a public agency). These local authorizing agencies determine eligibility for SSI-E and send approved certifications to the Department of Health and Family Services at P.O. Box 6680, Madison, WI 53716-0680.

This revision of the SSI-E Policy (PCS-679) updates the prior edition dated July 1, 2002.

ORGANIZATION This document is divided into three sections:

1. SSI-E for People in Substitute Care; and
2. SSI-E for People in Natural Residential Settings
3. Appendices

PART 1

SSI-E FOR PEOPLE IN SUBSTITUTE CARE

PERSONAL ELIGIBILITY

To be eligible for SSI-E in substitute care, a person must meet all the following criteria:

- The person must be eligible for SSI.

If the Social Security Administration denies the person for SSI, the person may not receive the E Supplement unless the denial is successfully appealed or if conditions change such that the person subsequently becomes eligible for SSI. If conditions change, the authorizing agency must submit a new certification to the Department of Health and Family Services.

- To qualify for SSI-E, the person must have monthly expenses greater than the SSI-E payment level. Such expenses **include** monthly costs borne by the person for the facility rate, personal needs, and cost-sharing for social and health services. For MA Community Waiver recipients, only the room and board portion of the rate is included along with personal needs and cost-sharing.

SSI-E recipients in substitute care are entitled to a monthly personal needs allowance of at least \$65, or if they have more than \$65 of monthly earnings, at least the first \$65 of earnings and one half of the remainder. The local agency may set a higher personal needs allowance.

- The person must be in the least restrictive and most home-like living arrangement that can meet the person's needs, as determined by the certifying agency.
- The person must live in a qualified substitute care facility in a community-integrated setting.

QUALIFIED SUBSTITUTE CARE FACILITY

The person's residence must be one of the following:

1. Licensed Family Foster Home for children;
2. Licensed Group Foster Home for children;
3. Community Based Residential Facility licensed for no more than 20 beds, on or after July 1, 2002;

4. Licensed or Certified Adult Family Home;
5. CBRF, grandfathered, or
6. Certified Residential Care Apartment Complex (RCAC), on or after July 1, 2000.

Grandfathered CBRFs are facilities that are larger than 20 beds which are qualified on the basis of previous eligibility standards. A list of such facilities is in Appendix C, which also explains the different categories of grandfathered facilities and the conditions under which facilities lose grandfather status.

Only individuals living in one of the above types of substitute care arrangements may be initially certified for SSI-E. However, persons currently receiving SSI-E while not in one of these settings are permitted to continue receiving SSI-E under one of three circumstances:

1. If a person receives SSI-E in a CBRF with 20 or fewer beds which then increases its licensed bed capacity to more than 20 beds, the person continues to be eligible while living in the facility. No other residents may be certified after the increase in bed capacity.
2. When a grandfathered CBRF (see Appendix C) loses its grandfather status because it increases its licensed bed capacity, SSI-E recipients residing in the facility at the time grandfathered-in status is revoked continue to be eligible for SSI-E, but no additional persons may be certified for the SSI-E payment in the facility.
3. If a person was receiving SSI-E on January 1, 1984 while living in a facility that was not a qualified substitute care setting, the person continues to receive SSI-E as long as he or she continues to reside in the same facility. When that person moves to a new living arrangement, the certification may be continued only if, in the new residence, the person meets the current eligibility criteria.

COMMUNITY- INTEGRATED SETTING

The facility may not be adjacent to, a part of, or on the grounds of an "institution" (Appendix A, "Definitions").

The facility must be in a neighborhood where:

1. non-elderly and nondisabled people also reside;

2. the person has access to services and community resources (e.g., transportation, stores, theaters, restaurants, etc.) typical of the community; and
3. there are regular and informal opportunities for social integration and interaction with non-elderly and nondisabled people.

SSI PAYMENT

Payment levels effective January 1, 2004 are in Appendix B. Federal payment amounts change annually.

RESPONSIBLE AGENCIES

The “local authorizing” county agency (Appendix A, “Definitions”) responsible for completing the certification for SSI-E depends on the target group description which applies to the person.

AGENCIES AUTHORIZED TO CERTIFY SSI-E RECIPIENTS					
	DSS	DHS	DCP	CAU	DDS
Elderly	X	X		X	
Alzheimer's Disease	X	X	X	X	
Blind	X	X			
Chronically Mentally Ill		X	X		
Developmentally Disabled		X	X		X
Physically Disabled	X	X			
Alcohol or Drug Abuse		X	X		

CERTIFICATION PROCEDURE

SSI-E shall be authorized only after careful review by agency staff or a contractor agency. Both the needs of the recipient and the level of support service provided must be taken into account in deciding if SSI-E is to be approved.

When a person applies for SSI-E, the agency must determine eligibility for that person within 30 days of when the person first expresses an intent to apply.

Do not certify for the future based on anticipated situations. You may be planning a living arrangement that meets SSI-E criteria and plan to certify, but do not send in the certification until the plan is implemented. Complete the certification only after the person meets all the eligibility criteria.

CERTIFICATION FORM

When you determine a person meets all the criteria for eligibility, complete the Application for SSI-E Certification form (DDE-818). The form must be signed by the agency director or by her/his authorized representative. The applicant for SSI-E or a

representative (which for substitute care certifications only may be the case worker completing the form) must sign the form at the bottom. See Appendix D for instructions on completing the form. Private contract agencies may complete the SSI-E certification for the designated county agency, but the county agency director or a designee must review, approve and sign the form (item 16).

The Department of Health and Family Services will notify the SSI recipient when the payment increase takes effect. In the event the individual who is certified is not currently receiving SSI, the Department will return all copies of the certification form to the authorizing agency with a notation made on the reverse of the form.

EFFECTIVE DATE

The effective date for the start of SSI-E payment is the first of the month after the person has met all of the eligibility criteria and the local agency representative completes the form, i.e., the first of the month after the form completion date entered in item 14 on the DDE-818. The worker enters the SSI-E Effective Date on the form in item 5. Do not certify based on anticipated events.

The effective date for a CHANGE OF LIVING ARRANGEMENT for someone receiving SSI-E and continuing eligibility in the new arrangement is the first of the month after the change takes place. For example, if an SSI recipient moves from a CBRF to an Adult Family Home on June 10, make the effective date July 1.

COUPLES AND SSI-E

SSI recipients are certified for SSI-E as individuals, even if they receive SSI as a couple. One or both members of the couple may be certified depending on their needs as individuals. If both members of the couple are certified for SSI-E, the payment level is the couple rate for SSI-E (Appendix B).

EXAMPLE:	Joe and Anne Smith receive SSI. The county DSS has certified Joe (but not Anne) for SSI-E. The 2004 payment level (Appendix B) is $\frac{1}{2}$ (\$978.05) + $\frac{1}{2}$ (\$1,323.41) = \$489.03 + \$661.71 = \$1,150.74.
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ON-GOING MONITORING

The local authorizing agency must establish a method for monitoring that the person continues to reside in a qualified substitute care setting with costs to the person at least equal to the E payment level. Agency monitoring must be sufficient for the agency to report to the Department of Health and Family Services in a timely manner changes of address or living arrangement, decertifications and moves from substitute care to natural residential settings.

The authorizing agency may provide the recipient or guardian and the recipient's representative payee, if any, with a form on which to report changes of address and other changes to the authorizing agency.

Case management services may be provided to SSI-E recipients as a covered service under Medicaid, to the extent allowed by the State MA Administrative Code or the MA Community Waivers Manual. Such services must meet all applicable standards of those funding sources.

REVIEW OF CERTIFICATION

A person's certification must be reviewed by the local authorizing agency when the person changes residence. Use the Certification form (DDE-818) to report changes to the Department of Health and Family Services. If the person continues to be eligible in the new residence, the authorizing agency shall report the change of address to the Department of Health and Family Services on the Certification form as a "Continue" (see the instructions in Appendix D).

If the person moves from a qualified substitute care arrangement to his or her own home and meets the eligibility criteria for persons in natural residential settings, the agency shall report this as a "Continue" and "SC → NR" (i.e., move from substitute care to natural residential) on the Certification form. Send the form to the Department of Health and Family Services for processing.

INTER-COUNTY MOVES

The E Supplement is a statewide benefit which eligible persons should not lose solely because they move to another county. If the authorizing agency knows that a person has moved from substitute care in its county to either substitute care or a natural residential setting in another county, rather than completing a decertification, the case manager in the first county should inform appropriate staff in the receiving county of the person's move. This policy only applies if the first county does not retain legal or fiscal responsibility under Ch. 51 or Ch. 55. (Where the first county is still responsible it reports the change to the Department of Health and Family Services.)

The case manager in the receiving county shall determine within 30 days of receiving the referral whether the new living arrangement qualifies for SSI-E. If it does, staff in the receiving county shall process as a "Continue" on the DDE-818 and send the form to the Department of Health and Family Services. If the new arrangement does not qualify for SSI-E, the receiving county completes a decertification (see immediately below).

DECERTIFICATION OF ELIGIBILITY

If the person becomes ineligible for SSI-E, complete the Certification form as a decertification. See the instructions in Appendix D. Send a written notice to the person or guardian and the person's representative payee, if any (though not if the county agency is the payee). Include the reason for the decertification.

Exception: If the person enters a medical treatment facility (hospital or nursing home) for which Medicaid pays more than half the cost of care, do not decertify the person until 3 full calendar months have elapsed. Federal law allows a recipient to continue receiving his or her full SSI benefit including state supplementation if a physician certifies that the person's stay is not likely to exceed 3 months and the person needs to maintain a home to return to. At the end of three calendar months you may either submit a decertification or defer to DHFS which will terminate the person from basic SSI (and therefore SSI-E as well) if he or she remains in the institution.

DECERTIFICATION DATE

The effective date for decertifying an SSI-E recipient is the first of the month AFTER you know the person is no longer eligible, with one exception: if the recipient dies, use the date of death as the effective date. Do not retroactively decertify unless it is because of the death of the recipient.

SSI ELIGIBILITY REVIEW

The SSA, the Department of Health and Family Services State SSI Unit and the DDB periodically review SSI cases to determine recipients' continuing eligibility. SSA reviews for continuing financial eligibility; the frequency and type (in-person or mail) of such reviews is based on the likelihood of error. The DDB reviews to determine whether persons eligible because of disability are still disabled. The frequency depends upon the likelihood of medical improvement, whether the person attempts to work and the DDB's initial claims workload. The State SSI Unit reviews financial and nonfinancial eligibility for state only SSI recipients annually. Such reviews of financial eligibility or continuing disability may result in a cessation of benefits, including cessation of the SSI-E payment.

APPEALS

There is NO STATE APPEAL PROCESS for the local authorizing agency's decision on eligibility for SSI-E in substitute care.

COST-SHARING

The personal allowance for an SSI-E recipient shall be at least \$65 per month. The \$65 represents the minimum amount of discretionary income which must be available to the person. However, if the recipient has more than \$65 per month of earnings, the personal needs allowance shall be at least the first \$65 and one half of the remainder of earnings. The authorizing agency may set a higher personal needs allowance.

For cost-sharing purposes, persons in substitute care are treated as one-person households. Cost-sharing is based on subsections HSS 1.03(2) and (3) of the Uniform Fee System. For adults in CBRFs or Adult Family Homes, refer to Bulletin 3.23 of the Collection User's Manual. For children, refer to the Collection User's Manual, Bulletins 3.20-3.25.

If the person is a recipient of services under the Community Options Program or if the local authorizing agency uses the COP cost-sharing for other long-term support programs serving the person, refer to the COP Guidelines and Procedures for cost-sharing instructions.

If the person is a recipient of services under any Medicaid Waiver for home and community-based services, refer to the MA Community Waivers Manual for cost-sharing instructions.

PART 2

SSI-E FOR PEOPLE IN NATURAL RESIDENTIAL SETTINGS

PERSONAL ELIGIBILITY

To be eligible for SSI-E in a natural residential setting, a person must meet all the following criteria:

- The person must be eligible for SSI.

If the Social Security Administration denies the person for SSI, the person may not receive the E Supplement unless the denial is successfully appealed or if conditions change such that the person subsequently becomes eligible for SSI. If conditions change, the authorizing agency must submit a new certification to the Department of Health and Family Services.

- In order to be eligible for SSI-E, a person living with others must: (a) be paying a proportionate share of the household expenses, including food, rent or mortgage, property taxes and utilities other than telephone; or (b) have an ownership interest in or pay rent for his or her housing; or (c) buy food separately or pay his or her share of food costs. (This requirement does not apply to children under 18 residing with a parent or people residing with a spouse.)

If none of these apply, the SSA considers the person to be receiving in-kind support and reduces the federal benefit level by one-third instead of calculating the actual value of in-kind income received. Such persons are considered in the SSI-B or SSI-D living arrangements ("household of another") and are not eligible for SSI-E (see Appendix B).

Note: If the "household of another" living arrangement does not apply but the person receives unearned in-kind food, shelter or clothing, the SSA will usually assume that the support is worth a set amount called "Presumed Maximum Value" (\$188.00 in 2004), unless the person proves that it is worth less. Such persons are eligible for SSI-E provided this additional unearned income does not put them over the income limit, but it will reduce their SSI benefit.

- The person needs at least 40 hours per month of primary long-term support services (supportive home care, daily

living skills training or community support program services as defined in Appendix A).

This is determined by completing a functional assessment and completing the DDE-817/817A Assessment Worksheet for Natural Residential Settings, which confirms the number of hours of qualifying long-term support services needed. If the person is a minor child residing with a parent, only hours of service needed when the parent is away from the residence for purposes of employment count toward the 40 hour requirement. If the person resides with a spouse, only services needed when the spouse is away from the residence for purposes of employment or which the spouse is physically or mentally unable to provide count toward the 40 hour requirement. (See "Determining Need When a Person Resides With a Spouse.")

Note that if the "household of another" living arrangement does not apply, but the person receives unearned in-kind food, shelter or clothing, SSA will usually assume that the support is worth a set amount called the "presumed maximum value" (\$188.00 in 2004; it increases each year), unless the person proves that it is worth less. Such persons are eligible for SSI-E provided this additional unearned income does not put them over the income limit. However, it will reduce their federal SSI benefit.

COMMUNITY INTEGRATED SETTING

The person must live in a home or apartment in a neighborhood where:

1. non-elderly and nondisabled people also reside;
2. the person has access to services and community resources (e.g., stores, transportation, theaters, restaurants, etc.) typical of the community; and
3. there are regular and informal opportunities for social integration and interaction with non-elderly and nondisabled people.

A residence is not qualified if it is a part of, or on the grounds of, an "institution" (see Appendix A, "Definitions.") A natural residential setting may be adjacent to an institution. A residence is not qualified if it is part of, or on the grounds of, a Community Based Residential Facility (CBRF) consisting entirely of independent apartments. Effective July 1, 2000, a residence that is part of a certified Residential Care Apartment Complex (RCAC) is qualified. However, a certified RCAC is considered a substitute care living arrangement (See Part 1, SSI-E for People in Substitute Care).

**NOT CERTIFIED
OR LICENSED**

A residence is not qualified as a natural residential setting if it requires certification as an Adult Family Home or licensure under Wisconsin Statutes Chapters 48 or 50. Such residences, if they are allowable settings for SSI-E, are covered under Part 1, SSI-E for People in Substitute Care.

**SSI PAYMENT
LEVELS**

Payment levels effective January 1, 1999 are in Appendix B.

**APPLICATION
AND TIMELINE
PROCESS**

When a person applies for SSI-E, the agency must determine eligibility for that person within 30 days of when the person first expresses an intent to apply.

For persons receiving SSI at the time they apply for the E Supplement, the effective date for certification is the first of the month after the person has met all of the eligibility criteria and the local agency representative completes the form, i.e., the first of the month after the form completion date entered in item 14 on the certification. The worker enters the SSI-E Effective Date on the form in item 4. Do not certify based on anticipated events.

If the local agency determines the person is not eligible for SSI-E, it must provide a written notice of denial to the person or guardian and the representative payee, if any, with the reasons for ineligibility and a statement of appeal rights. See the model denial notice in Appendix G and APPEALS below.

**RESPONSIBLE
AGENCIES**

The “local authorizing” county agency (Appendix A, “Definitions”) responsible for completing the certifications for SSI-E depends on the target group description which applies to the person.

AGENCIES AUTHORIZED TO CERTIFY SSI-E RECIPIENTS					
	DSS	DHS	DCP	CAU	DDS
Elderly	X	X		X	
Alzheimer’s Disease	X	X	X	X	
Blind	X	X			
Chronically Mentally Ill		X	X		
Developmentally Disabled		X	X		X
Physically Disabled	X	X			
Alcohol or Drug Abuse		X	X		

However, any one of the above agencies may select another county agency in this group to authorize and monitor SSI-E for certain groups of recipients.

**DETERMINING
NEED FOR
SERVICES**

The authorizing agency must determine whether the candidate for SSI-E needs 40 hours or more of primary long-term support services (i.e., supportive home care, daily living skills training or community support services) as defined in Appendix A.

It is the need rather than receipt of services which determines eligibility. For persons already receiving services, the funding source for the service is irrelevant (e.g., MA card, MA waivers, community aids, COP, Family Support, CSP, etc.). Similarly, it does not matter who provides the service--a paid provider, family, or other informal caregiver--or whether no one currently provides it, as long as it is needed.

However, when the SSI recipient resides with a spouse or is a minor living with a parent, special criteria apply. Only services needed when the spouse or parent is away from the residence for purposes of employment or which the spouse is physically or mentally unable to provide count toward the 40 hour requirement (s.49.77(3s)(b)1 and 2).

To determine need, three criteria must be met:

1. an assessment must be conducted which meets the requirements of s.46.27 (Community Options Program assessment with a focus on the amount [hours]) of qualifying services needed;
2. the Assessment Worksheet (DDE-817/817A) must be completed to document the service needs identified by the assessment; and,
3. the SSI-E Natural Residential Setting Application Checklist (DDE-812) may be completed to confirm that the person is in a qualified living arrangement and meets the other qualifying conditions.

**ASSESSMENT
WORKSHEET**

The Functional Assessment Worksheet for Natural Residential Settings (DDE-817/817A) is used to document that the person needs at least 40 hours per month of qualifying services. For a person residing with a spouse, see "Determining Need When a Person Resides With a Spouse," below, before completing the form.

The Worksheet establishes need based on an assessment. However, if the person is currently receiving primary long-term

support services from the authorizing agency, need may be established based upon hours of qualifying services included in the person's case plan, plus any unpaid services and any unmet need.

For a child residing with a parent, the SSI-E statute requires that the authorizing agency count only services needed when the parent is away from the residence for employment. This also includes hours of service needed or received when the child is in school or otherwise out of the home if the parent is away from the home for employment during these periods. (See "Definitions", Appendix A.)

The Community Support Program part of the Assessment Worksheet (DDE-817A) may be used only for persons whose primary disability is mental health related or chronic alcohol or other drug abuse. When the Community Support Program category is used it must be used exclusively, that is, it may not be combined with the Supportive Home Care or Daily Living Skills Training categories from the DDE-817. This is because the service need requirement is a mechanism for targeting limited state funds to persons with higher support needs. Since the CSP category is both broader than, and inclusive of, some of the service areas covered under Supportive Home Care and Daily Living Skills Training, it is reasonable targeting to require persons whose eligibility is based on such needs to qualify solely on the basis of the CSP category. However, if a person whose primary disability is mental illness or drug abuse does not meet the 40 hour eligibility threshold under the CSP category, but has a secondary physical or developmental disability, you may attempt to qualify the person using the DDE-817.

**DETERMINING
NEED WHEN A
PERSON
RESIDES WITH
A SPOUSE**

A person residing with a spouse meets the 40 hour requirement if any one of the following applies:

1. If a person receives 40 or more hours of primary long-term support services per month which are included in the person's case plan. This is sufficient evidence that the spouse is incapable of providing the service. Document services received on the Assessment Worksheet.
2. If the person needs 40 or more hours of qualifying services according to an assessment, and the person's spouse is age 75 or older, or the spouse has been determined disabled for SSI, Social Security Disability Insurance (SSDI) or SSI-related MA. Document qualifying hours on the Assessment Worksheet.

3. If the hours of qualifying service needed by the person which the spouse cannot provide total 40 or more per month. Add the hours in the following categories (do not double count):
 - a. when the spouse is outside the home for employment (see “Definitions”, Appendix A);
 - b. when the spouse is providing basic care to self or other family members besides the applicant;
 - c. when the spouse is sleeping;
 - d. which a physician determines inappropriate for the spouse to provide due to the nature of the applicant’s condition or needs;
 - e. which in the worker’s judgment the spouse cannot provide due to the spouse’s physical limitations;
 - f. which in the worker’s judgment the spouse cannot provide due to the spouse’s mental limitations.

Document qualifying hours on the Assessment Worksheet.

CERTIFICATION PROCEDURE

When you determine a person meets all the criteria for eligibility complete the Application for SSI-E Certification form (DDE-818), the Assessment Worksheet (DDE-817/817A), and the SSI-E Natural Residential Setting Application Checklist (DDE-812). The Certification form must be signed by the applicant or the applicant’s representative (who may not be the county worker unless the county agency is the representative payee) and by the county director or by her/his authorized representative. See forms and instructions in Appendix D. Private contract agencies may prepare SSI-E Certification for the designated county agency, but the county agency director or a designee must review, approve and sign the form.

Base eligibility on the current situation. Do not certify persons based on anticipated plans. You may be planning a living arrangement that meets SSI-E criteria and plan to certify, but do not send in the Certification until the plan is implemented.

Within 30 days of the application date on the DDE-818, send the original of the Certification form (white and green copies) to the Department of Health and Family Services.

Notify the person (or guardian) and the representative payee, if any, in writing. See the model approval letters in Appendix G.

The Department of Health and Family Services will notify the person or the representative payee when the payment level changes. The DHFS will return the green copy of the DDE-818 Certification form to the local authorizing agency as confirmation of action taken (see reverse side of the green copy).

**DENIAL OF
ELIGIBILITY**

If you determine that the SSI recipient does not meet the SSI-E eligibility criteria, the local agency shall send a written notice to the person or guardian and the representative payee, if any, including the reason for denial and a statement of the right to appeal. See the model denial notice in Appendix G. Do not complete any certification form.

**EFFECTIVE
DATE**

The effective date for SSI-E is the first of the month after the person has met all of the eligibility criteria and the local agency representative completes the form, i.e., the first of the month after the form completion date entered in item 14 on the DDE-818. The worker enters the SSI-E Effective Date on the form in item 5. Do not certify based on anticipated events.

The effective date for a CHANGE OF LIVING ARRANGEMENT where the person continues to be eligible for SSI-E is the first of the month after the change takes place.

**COUPLES AND
SSI-E**

SSI recipients are certified for SSI-E as individuals, even if they receive SSI as a couple. One or both members of the couple may be certified depending on their needs as individuals.

However, even though the needs assessment is done separately for each person, where needs are measured for services that would be provided to and benefit them jointly, the service time must be apportioned between them so that the same time is not counted twice. For example, if a couple requires 8 hours of grocery shopping a month, the hours should be split between them, usually evenly, unless some other division better reflects the proportionate benefit.

If both members of the couple are certified for SSI-E, the payment level is the couple rate for SSI-E (Appendix B).

Where both members of a couple receive SSI but only one member of the couple is certified for SSI-E, the payment level is the sum of:

EXAMPLE:	Joe and Anne Smith receive SSI. The county DSS has certified Joe (but not Anne) for SSI-E. The 2004 payment level (Appendix B) is $\frac{1}{2}$ (\$978.05) + $\frac{1}{2}$ (\$1,323.41) = \$489.03 + \$661.71 = \$1,150.74.
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REVIEW OF CERTIFICATION

The person's SSI-E eligibility must be reviewed when:

1. The person changes residence.

While it is the responsibility of the SSI recipient to report a change of address to the local Social Security office, it is also necessary for the local certifying agency to verify that the person in the new address still meets the SSI-E certification requirements. The authorizing agency may provide the recipient or guardian and the recipient's representative payee, if any, with a form on which to report changes of address and other changes to the authorizing agency.

The authorizing agency shall report changes of address to the Department of Health and Family Services on the Certification form as a "Continue" (see the instructions in Appendix D). Use the Certification form (DDE-818) to report such a change:

- a. If the person moves from one qualifying natural residential setting to another, send the original (white) copy of the form to DHFS. Hours of service needed are not recounted if the person moves from one natural residential setting to another, so a new DDE-817 is not completed.
- b. If the person moves to a qualified substitute care facility, report this as a "Continue" and "NR → SC" (i.e., move from natural residential to substitute care) on the Certification form. Send the original (white) copy of the form to DHFS. Follow the instructions in Appendix D.
- c. If the person moves from a qualified substitute care arrangement to his or her own home and meets the eligibility criteria for persons in natural residential settings, report this as a

“Continue” and “SC → NR” (i.e., move from substitute care to natural residential) on the Certification form.

2. The local authorizing agency becomes aware that the person no longer needs at least 40 hours per month of qualifying services. The basis for this can be that the certifying agency has reduced or terminated the purchase or provision of such services to the person because of declining need, or has reassessed the person’s needs, or some other basis.

Persons certified prior to September 1, 1988 based on the receipt of primary long-term support services continue to be eligible so long as they receive the services by which they originally qualified. This means that a child who qualified prior to that date by receiving at least 40 hours of service continues to be eligible even if the child would not be eligible if applying now because the parent is home with the child. This provision applies as long as the child continues to receive at least 40 hours of the services that originally qualified her or him.

CASE MANAGEMENT

Case management services may be provided to SSI-E recipients as a covered service under Medicaid, to the extent allowed by the State MA Administrative Code or the MA Community Waivers Manual. Such services must meet all applicable standards of those funding sources.

INTER-COUNTY MOVES

The SSI-E Supplement is a statewide benefit which eligible persons should not lose solely because they move to another county. If the authorizing agency knows that a person has moved from a natural residential setting in its county to either substitute care or a natural residential setting in another county, rather than doing a decertification, the case manager in the first county should inform appropriate staff in the receiving county of the person’s move. This policy only applies if the first county does not retain legal or fiscal responsibility under Ch. 51 or Ch. 55. (Where the first county is still responsible it reports the change to the DHFS.)

The case manager in the receiving county shall determine within 30 days of receiving the referral whether the new living arrangement qualifies for SSI-E; if it does, staff in the receiving county shall process as a “Continue” on the DDE-818. Send the form to the Department of Health and Family Services. (See the instructions in Appendix D.) If the new arrangement does not qualify for SSI-E, the receiving county does a decertification (see immediately below).

DECERTIFICATION OF ELIGIBILITY

When the person become ineligible for SSI-E, complete the Certification form as a decertification. Follow the instructions in Appendix D.

For decertifications based on requirements of this policy, hold the form for 10 calendar days after notifying the recipient before submitting the form to the Department of Health and Family Services. The 10 day holding period applies only to those decertifications where the basis of the action is that the person is not in a living arrangement that qualifies as a natural residential setting under this policy, or that the person does not need at least 40 hours per month of qualifying services. This gives the recipient time to notify the local authorizing agency that he or she has appealed (with or without agency assistance) and wishes the benefit to continue pending the outcome of the appeal.

Exception: If the person enters a medical treatment facility (hospital or nursing home) for which Medicaid pays more than half the cost of care, do not decertify the person until 3 full calendar months have elapsed. Federal law allows a recipient to continue receiving his or her full SSI benefit including state supplementation if a physician certifies that the person's stay is not likely to exceed 3 months and the person needs to maintain a home to return to.

The EFFECTIVE DATE for decertifying an SSI-E recipient is the first of the month AFTER you know the person is no longer eligible, except that if it is less than ten (10) calendar days to the first of the month, the effective date should be the first of the following month. This provides the person with time to appeal the decision without the E Supplement being stopped and without accruing an overpayment. Never specify a retroactive effective date. The one exception to this policy is that if the recipient dies, use the date of death as the effective date.

Send the form to the Department of Health and Family Services, P.O. Box 6680, Madison, WI 53716-0680.

RECIPIENT NOTICE OF DECERTIFICATION

When the decertification is prepared, the local authorizing agency sends a written notice to the person or guardian and the representative payee, if any. The notice shall include:

1. the effective date of the action;
2. the reason for the decertification;
3. a statement of the right to appeal;

4. information that if the person files and informs the local authorizing agency of an appeal within 10 calendar days of the date on the notice that the benefit will continue while the appeal is pending; and,
5. a statement of the process for submitting an appeal, including the time limit, the address where it is sent, and the availability of assistance from the authorizing agency in formulating it in writing.

See the model notice of decertification in Appendix G. If the recipient is blind or otherwise visually impaired or has communication difficulties, the local agency shall take due care to ensure that notice has been effectively communicated to the recipient.

SSI ELIGIBILITY REVIEW

The SSA, DHFS State SSI Unit and the Disability Determination Bureau periodically review SSI cases to determine recipients' continuing eligibility. SSA reviews for continuing financial eligibility; the frequency and type (in-person or mail) of such reviews is based on the likelihood of error. The DDB reviews to determine whether persons eligible because of disability are still disabled. The frequency depends upon the likelihood of medical improvement, whether the person attempts to work and the DDB's initial claims workload. The State SSI Unit reviews financial and non-financial eligibility for state only SSI recipients annually. Such reviews of financial eligibility or continuing disability may result in a cessation of benefits, including cessation of the SSI-E payment.

REGIONAL OFFICE MONITORING

DHFS Regional Offices have the responsibility to monitor the local authorizing agency's general management of SSI-E for natural residential settings. The Regional Office will coordinate efforts to provide technical assistance and general oversight of the SSI-E program at the local level.

APPEALS

Applicants and recipients of SSI-E in natural residential settings have the right to a fair hearing if they believe they have been wrongly denied or discontinued from the program. The right to a state fair hearing applies only with respect to denials and decertifications taken by the local authorizing agency under this policy. It does not apply with respect to federal requirements for SSI and actions taken by the SSA under them. The Social Security

Administration has its own appeal process. Appeals of actions under this policy should be sent to:

Department of Administration
Division of Administrative Hearings
P.O. Box 7875
Madison, WI 53707-7875
(608) 266-3038

The local authorizing agency shall provide written notice to the recipient or guardian and to the representative payee, if any, of discontinuances and denials. The notice shall contain the information specified in "Decertification of Eligibility" above.

If the basis for a decertification is that the person no longer resides in a living arrangement that meets the qualifications for a natural residential setting under this policy or that the person no longer needs at least 40 hours per month of qualifying primary long-term support services, the worker holds the decertification for 10 calendar days after notifying the recipient. This provides the recipient with the opportunity to request that the benefit be continued while an appeal is pending. Otherwise, it is submitted to the DHFS immediately.

The appeal must be made within forty-five (45) calendar days of the effective date of decertifications or denials.

For persons on SSI-E subject to discontinuance due to requirements of this policy, if the person, person's guardian or representative payee files an appeal within 10 calendar days of the date on the notice and informs and/or sends a copy of the appeal to the local authorizing agency, the person continues to receive the SSI-E payment until a hearing decision is made. This applies as long as the person remains eligible for the basic SSI payment (i.e., is not also terminated from SSI by the Social Security Administration). The person may waive her/his right to continued payments.

In the event of an appeal request within those 10 days, the local authorizing agency shall hold the decertification pending the outcome of the appeal. When an appeal determination has been made, the agency shall either void the decertification or submit it to the Department of Health and Family Services, depending on the outcome of the appeal.

If the appeal request is not received within 10 days after notifying the person, the agency shall submit the decertification to the Social Security office. If the person subsequently appeals within the 45 day time limit, the benefit is terminated while the appeal is pending. If the recipient prevails, he or she will receive a retroactive payment back to the decertification date.

COST-SHARING For those SSI-E recipients who are receiving human services through local agencies, the SSI-E income must be considered the same as regular SSI income when calculating a person's obligation to pay toward the cost of such services. Except for the categories of persons below, cost-sharing is governed by the Uniform Fee System, Administrative Rule HSS 1. For children refer to the Collection User's Manual, Bulletins 3.20 - 3.25.

If the person is a recipient of services under the Community Options Program or if the local authorizing agency uses the COP cost-sharing for other long-term support programs serving the person, refer to the COP Guidelines and Procedures for cost-sharing instructions.

If the person is a recipient of services under any Medicaid Waiver for home and community-based services, refer to the MA Community Waivers Manual for cost-sharing instructions.

APPENDIX A

SSI-E DEFINITIONS

“Chronic alcoholic or other drug abuser” means a person with a diagnosis of alcoholism or other drug abuse in which uncontrolled consumption of alcohol and/or psychoactive chemical substances produces physical complications. Such persons show little motivation to change a lifestyle centered around alcohol or other drugs which has led to dysfunction in major social roles and the inability to care for oneself.

“Chronically mentally ill” means a person with a long history of severe mental illness which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, and which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support. It also includes younger persons whose history and clinical picture suggest a similar prognosis.

“Community support program” or “CSP” means a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services in the community for persons with chronic mental illness or chronic alcohol or other drug abuse. Services include, but are not limited to: outreach, screening, assessment and treatment planning, crisis intervention services, supportive psychotherapy/counseling, symptom management, medication prescription, administration, monitoring and documentation, psychiatric and psychological services, rehabilitation services such as employment-related services, social and recreational skill training, activities of daily living services provided in community-based settings, assistance to obtain adequate physical health or dental services, transportation services, financial benefits, living accommodations, case management activities including coordination of treatment and referrals, monitoring symptom status, advocacy, education, support and consultation to clients’ families and other major supports.

“Daily living skills training” means the provision of services to persons whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a client’s or caretaker’s ability to perform routine daily living tasks and utilize community resources, are educationally focused and are not primarily designed to provide substitute task performance. Services include, but are not limited to: education and training, assessment and diagnosis, case planning, monitoring, and review; teaching of child rearing skills, training on the preparation and management of household budget; maintenance and care of the home and preparation of food; services provided primarily in natural settings such as those performed by a home trainer for children age birth through 3, and skill training for clients of all ages living in natural settings.

“Employment” means work done outside the home for wages or other compensation and includes education and training to prepare for paid work.

“Institution” means a facility required to be regulated as a hospital, nursing home, child caring institution, or a community based residential facility or other board and care facility of 16 or more beds.

“Local authorizing agency” is a department of social services under s.46.215 or s.46.22, a department of human services under s.46.23, a county aging unit under s.46.82 which is an agency of county government, a department of community programs under 51.42 or a department of developmental disabilities services under 51.437.

“Natural residential setting” means a neighborhood where non-elderly and nondisabled people also reside, where the person has access to services and community resources typical of the community, and where there are regular and informal opportunities for social integration and interaction with non-elderly and nondisabled people. A “natural residential setting” does not include any residence which is part of, or on the grounds of, an institution.

“Own home” means a living unit, such as a house or apartment, with its own lockable door, and separate rent, lease or individual ownership. “Own home” for purposes of this policy does not include an adult family home or any facility which requires licensure under chapters 48 or 50.

“Primary long-term support services” means the standard program categories of (104) supportive home care, (110) daily living skills training, and (509) community support programs.

“SSI-E exceptional expense” is the term used to describe SSI supplementary payment amounts in Wisconsin which recognize the higher expenses involved for SSI recipients who have substantial long-term support needs.

“Supportive home care” means the provision of services, except nursing care, that are intended to maintain persons in independent or supervised living in their own home or the home of their friends or relatives, which help them meet their daily living needs, address their needs for social contact, ensure their well-being and reduce the likelihood that the person will have to move to a nursing home or other alternate living arrangement. Services may include, but are not limited to: household care, personal care, and supervision.

APPENDIX B

SSI PAYMENT RATES EFFECTIVE JANUARY 1, 2004
(Rates Change Annually)

		2004 MONTHLY PAYMENT LEVELS		
Living Arrangement		Federal Benefit	State Supplement	Total Payment
A.	Own Household			
	INDIVIDUAL	\$564.00	\$ 83.78	\$ 647.78
	COUPLE	\$846.00	\$132.05	\$ 978.05
B.	Household of Another			
	INDIVIDUAL	\$376.00	\$ 83.79	\$ 459.78
	COUPLE	\$564.00	\$132.05	\$ 696.05
C.	Own Household with Ineligible Spouse			
	INDIVIDUAL	\$564.00	\$130.43	\$ 694.43
D.	Household of Another with Ineligible Spouse			
	INDIVIDUAL	\$376.00	\$135.05	\$ 511.39
E.	Exceptional Expense Supplement			
	INDIVIDUAL	\$534.00	\$179.77	\$ 743.77
	COUPLE	\$846.00	\$477.41	\$1,323.41

APPENDIX C

SSI-E Exceptional Expense Supplement

Policy: Categories of Grandfathered Facilities

Some CBRFs are grandfathered-in on the basis of previous eligibility standards. Such CBRFs fall into three categories:

1. CBRFs of 9-15 beds which serve developmentally disabled or chronically mentally ill persons and which were approved by the Department based on policy prior to July 3, 1983.

These facilities may continue to have current and future residents certified for SSI-E. All disability and age categories of SSI recipients may be certified in these facilities.

2. CBRFs of 9-15 beds which serve elderly persons (including some also serving other populations) and which were approved by the Department based on policy prior to January 1, 1984.

These facilities may continue to have current and future elderly residents certified for SSI-E. Only elderly (age 65 and over) residents may be certified in these facilities.

3. CBRFs larger than 20 beds which serve elderly people and which were approved by the Department based on policy prior to January 1, 1984.

These facilities may continue to have current and future elderly residents certified for SSI-E provided the total number does not exceed the number of SSI-E recipients in residence as of January 1, 1984. In effect, these facilities have a number of "slots" for elderly SSI-E recipients and can refill those slots as they become vacant.

Change in CBRF Status

Grandfathered facilities lose their grandfathered-in status if the licensed bed capacity is increased. When a facility loses its grandfathered-in status, SSI-E recipients residing in the facility at the time grandfathered-in status is revoked continue to be eligible for SSI-E but no additional persons may be certified for the SSI-E payment in the facility.

List of CBRFs Grandfathered for SSI-E (March 1, 1993)

<u>Southern Region</u>		<u>Capacity</u>	<u>Who Can be Certified</u>
Dane County	Altercare 3030 City View Drive Madison, WI 53704	15	Elderly
	NorthBay Lodge 3602 Memorial Drive Madison, WI 53704	15	Elderly
	Women in Transition Halfway House 2842 Moland Street Madison, WI 53704	12	All disability/age groups
Richland County	Harvest Guest Home 875 West Side Drive Richland Center, WI 53581	20	Elderly limited to 6
Rock County	Group Living Home 1941 Gershwin Drive Janesville, WI 53545	12	All disability/age groups
<u>Southeastern Region</u>			
Kenosha County	Covelli Group Home 2217 - 56 th Street Kenosha, WI 53140	13	Elderly
Racine County	Apartment House 5210 - 12 Biscayne Avenue Racine, WI 53406	10	All disability/age groups
	Cornerstone HIL 2016 Washington Avenue Racine, WI 53403	12	All disability/age groups
Walworth County	Boulevard Manor 945 Lake Geneva Boulevard Lake Geneva, WI 53147	15	Elderly
<u>Milwaukee Region</u>			
Milwaukee County	Chapman House 2742 West Highland Boulevard Milwaukee, WI 53233	15	All disability/age groups

Milwaukee Region**Capacity****Who Can be Certified**

Lincoln Apartments
1305 West Lincoln Avenue
Milwaukee, WI 53215

14

All disability/age groups

Eastern Region

Brown County

Alpine Country House
Route #1
5628 Sturgeon Bay Road
New Franken, WI 54229

19

Elderly limited to 6

Bay Alternate Care Residence
1610 Main Street
Green Bay, WI 54301

20

Elderly limited to 6

Bornemann CBRF
1853 Mills Street
Green Bay, WI 54302

27

Elderly limited to 6

Shawano County

Homme Home for Aging
607 Webb Street
Wittenberg, WI 54499

36

Elderly limited to 10

Western Region

Hetzel Care Center
1840 Priddy Street
Bloomer, WI 54724

15

Elderly

Dunn County

Noreen Family
Living Center 1
721 Wilson Avenue
Menominee, WI 54751

10

All disability/age groups

Potter's Country Home
Route #4, Box 145A
Menominee, WI 54751

15

Elderly

Eau Claire County

Family Circle Group Home
1018 Graham Street
Eau Claire, WI 54701

10

All disability/age groups

Forever Friends Home
1306 Keith Street
Eau Claire, WI 54701

12

Elderly

Western Region

		<u>Capacity</u>	<u>Who Can be Certified</u>
La Crosse County	Sagen Center 2221 Sims Place La Crosse, WI 54601	15	Elderly
Trempealeau County	Family Circle (The) 211 - 6 th Avenue, No. Box 187 Strum, WI 54770	16	Elderly limited to 2

Central Region

Juneau County	Necedah Homestead 401 South Main Street Necedah, WI 54646	12	Elderly
Taylor County	Memorial Nursing Home CBRF 135 S. Gibson Street Medford, WI 54451	10	Elderly

Northern Region

Barron County	Ag-Ri-Cove Residential Route 2, Box 255 Cameron, WI 54822	10	All disability/age groups
	Pines II 1885 N. Rice Lake Road HCR 59 Spoonerville, WI 54801	18	Elderly limited to 3
	Shady Knoll 240 West Broadway Gransburg, WI 54840	18	Elderly limited to 10

APPENDIX D

Instructions: SSI-E Certification Form (DDE-818)

The DDE-818 form is to be used in both natural residential and substitute care settings for certifications, decertifications, and changes of address and/or living arrangement (continues).

The DDE-818 form has four copies. In order for the pink (agency) copy to be readable, please:

- Place the form on a hard surface.
- Press hard with a ball point pen or other “hard point” writing instrument.
- Write legibly or type.

Reporting Instructions

For Certifications: Complete numbers 1-21, Signature, Application Date, and Relationship to Applicant.

For Decertifications: Complete numbers 2-4, 5-12, 13-20, Signature, Application Date and Relationship to Applicant.

For Change of Address: Complete numbers 2-4, 5-12, 14-21, Signature, Application Date and Relationship to Applicant.

For Moves From Substitute Care to Natural Residential Settings or Natural Residential to Substitute Care: Complete numbers 2-4, 5-12, 14-21, Signature, Application Date and Relationship to Applicant.

General Instructions for DDE-818: Applications for SSI-E Certifications

1. Enter the address of the Department of Health and Family Services, P.O. Box 6680, Madison, Wisconsin 53716-0680 on forms in which the box marked #1 is blank. Forms with a revision date of 5/99 or later will be pre-addressed.
2. Check the box for substitute care or natural residential, except: if the person is moving from one to the other, check the box for NR → SC or SC → NR as appropriate.

If the living arrangement is licensed or certified, it is substitute care.

If the living arrangement is not licensed or certified, it is natural residential.

Both types of living arrangements must meet other criteria to qualify. See complete definitions in the SSI-E Policy (PCS-679).

3. Check “Start” for new certifications; “Stop” for decertifications; “Continue” for changes of address or movements between substitute care and natural residential settings or vice versa.
4. Complete this field only for new Certifications; that is, only if “Start” is checked in the ACTION field. If you are unsure of the person’s SSI status, call 800-362-3002 to inquire.

For new certifications: the effective date is always the first of the month following the date you (the worker) complete the form (date in #14).

For all other actions: the effective date is the first of the month following the date you complete the form, except: if a decertification is due to death, the effective date is the date of death.

5. Enter the last name first. Make sure the spelling is correct. Use full name, not nicknames. Never leave this field blank.
6. Enter the Social Security Number accurately and legibly. Without the correct number DHFS cannot locate the person’s record in its computer system.
7. Enter the person’s date of birth in mm/dd/yy format.
8. Enter the telephone number where the person can be contacted. If the person has a representative payee, enter the payee’s phone number.
9. Enter the person’s current mailing address.
10. Enter the person’s county of residence. If the person is being placed out of the county, enter the county of placement.
11. For new certifications: circle the applicant’s primary disability group or age. Circle only one. All persons age 65 or older should be entered as “Elderly” regardless of the nature of any disability they might have.

For all other action leave blank.

12. IF “STOP,” DECERTIFICATION REASON - always complete this field when you have indicated “Stop” in Field 3. Circle the one main reason why the person is being decertified for SSI-E. If the reason isn’t among those listed, then circle “Other” and specify in the space provided.
13. Enter your (the worker’s) name.
14. Enter the date form completed in mm/dd/yy format.
15. Enter your (the worker’s) phone number, in case the DHFS needs to contact you.

16. The agency director or his/her designee must sign here for the action to be valid.
17. If the person has a representative payee, enter his or her name here. Otherwise leave blank.
18. Enter the complete address of the county agency. The DHFS office will return the green copy to the worker at this address.
19. If there is a representative payee, enter the payee's address. If no payee, or address unknown, leave blank.
20. Enter the date you approve this application for certification.
21. For new certifications and movement between substitute care and natural residential, enter the person's living arrangement at the time of certification or move. If the person resides in a grandfathered CBRF, name the facility.

For decertifications and changes of address, leave blank.

Applicant/Representative Signature

For new certifications the applicant or a representative must sign the form. The representative can be the person's guardian, representative payee, spouse, parent, adult child, friend, neighbor, etc. If the county agency is the person's representative payee, a staff person may sign for the applicant. For new substitute care certifications only, the county worker completing the form may sign on behalf of the applicant even where the county agency is not the payee.

For decertifications, change of address, moves between natural residential and substitute care or vice versa, leave blank.

Application Date

For new certifications only enter in mm/dd/yy format. This is the date the person first expresses an intent - in person, by phone, or in writing - to apply for SSI-E.

Relationship to Applicant

If someone signed for the applicant, describe that person's relationship to the applicant (e.g., representative payee, daughter, friend, parent, guardian, etc.).

Distribution of Completed Forms

Send the white and green copies of the DDE-818 form to DHFS, P.O. Box 6680, Madison, WI 53716-0680 for new certifications, decertifications and change of address or residential setting.

INSTRUCTIONS FOR THE ASSESSMENT WORKSHEET FOR PERSONS IN NATURAL RESIDENTIAL SETTINGS

The Assessment Worksheet for Natural Residential Settings (DDE-817/817A) is used to document that the E Supplement candidate needs at least 40 hours per month of qualifying services.

The Worksheet establishes need based on an assessment. Complete the Worksheet based on what services the person needs rather than what services the person receives. However, if the person is currently receiving primary long-term support services, need may be established and the form completed based on hours of qualifying services received and included in the person's case plan, plus unpaid services and any unmet need.

For a child residing with a parent count only services needed when the parent is away from the residence for employment.

For a person residing with a spouse, count only services needed when the spouse is away from the residence for employment or which the spouse is physically or mentally unable to provide. See page 14 about determining need when a person resides with a spouse before completing the form.

The DDE-817A, the Community Support Program page of the Assessment Worksheet, may be used for persons whose primary disability is chronic mental illness or chronic alcoholism or other drug abuse. It may not be combined with the use of DDE-817. However, if a person whose primary disability is chronic mental illness, or substance abuse does not meet the 40 hour eligibility threshold using the CSP category, but has a secondary physical or developmental disability, you may attempt to qualify the person using the DDE-817, so long as it is not combined with use of the DDE-817A.

Refer to the definitions at the end of this Appendix for activities that are included in each area of service need. Enter the number of hours needed on the line next to each service area where the person needs assistance. Enter the total hours for each program category.

Two special requirements apply to assessed needs under Supportive Home Care. First, if two or more persons sharing a household are being assessed, for those tasks included under the CHORE section, the service time should be distributed proportionately or on some other basis reflecting relative benefit, i.e., don't count the same hour twice. Second, for On-Site Supervision of the Person (items #11, 21), any number of hours over 20 per month must be accompanied by a narrative explanation of need.

If the person needs a total of 40 or more hours per month of Supportive Home Care plus Daily Living Skills Training Services, the person is eligible for SSI-E, provided the other eligibility conditions are met.

If the person is chronically mentally ill or a chronic alcoholic or other drug abuser and needs 40 hours or more per month of Community Support Program Services, the person is eligible for SSI-E, provided the other eligibility conditions are met.

SSI-E ELIGIBILITY ASSESSMENT WORKSHEET FOR PERSONS IN NATURAL RESIDENTIAL SETTINGS

DEFINITIONS

SUPPORTIVE HOME CARE

1. EATING MEALS - Direct assistance in eating, including tube feeding.
2. CHANGING POSITION IN BED - For people who remain in bed all the time and/or who need help to change positions to avoid bed sores.
3. TRANSFERRING FROM BED OR WHEELCHAIR - For people who use wheelchairs and/or who need help to get from chair/standing position to bed and back again.
4. USING THE TOILET AND/OR CONTROLLING BLADDER AND BOWEL - For people who need help transferring to and from the toilet as well as people who use disposable briefs. Count this for children only after they reach age 4.
5. PERSONAL MOBILITY - For people who need the assistance and/or support of another person in moving about the home, whether direct personal assistance or assistance in using a piece of equipment such as a wheelchair or walker.
6. BATHING, GROOMING, AND DRESSING - Activities associated with getting up in the morning and of getting ready for bed at night, and includes shopping for clothes and bathing/grooming supplies.
7. MEDICAL SUPPORT - Physician or nurse supervised. Includes activities such as caring for colostomy, ileostomy or catheters, taking medications by mouth, certain injections (e.g., insulin), taking and recording temperature, pulse, respiratory rates and blood pressure, dressing changes, range of motion exercises, monitoring a special diet, and checking blood and urine for diabetes.
8. LEISURE TIME ACTIVITIES - Planning and accessing leisure time activities necessary for meeting the goals of normalization and community participation.
9. FINANCES/BILL PAYING - Assistance in household financial activities performed by a person other than a guardian or representative payee such as making bank deposits, paying bills and household budgeting.
10. ACCESSING MEDICAL CARE - Accompanying a person to obtain medical diagnosis and treatment. Shopping for medical supplies, equipment and pharmaceutical.

11. **ON-SITE SUPERVISION** - Needed to protect health, safety or welfare. For people with Alzheimer's disease and other irreversible dementia's and for others with similar need. Also for persons who are medically fragile or who have severe physical limitations. Includes assistance with using the telephone or specialized communication, adaptive or environmental aids.

CHORES

12. **GROCERY SHOPPING, FOOD PREPARATION AND CLEAN-UP** - Include planning meals, cooking and serving food and cleaning-up the dishes and grocery shopping.
13. **HOUSEWORK** - Cleaning activities needed to maintain a clean and safe environment, including laundry activities.
14. **YARD WORK, SNOW SHOVELING** - Include any work done outside the house such as changing storm windows, mowing the lawn, raking leaves, shoveling snow from sidewalk and driveway.

RESPIRE

15. **RESPIRE CARE** - For people whose caregivers need someone to come in and care for the disabled person for a period of time to allow the caregivers time for other activities.

OTHER

16. **OTHER** - Other activities not included elsewhere in section 1 (specify).

DAILY LIVING SKILLS TRAINING

1. **TRAINING IN PERSONAL HYGIENE, GROOMING, AND DRESSING** - Training for activities defined in bathing, grooming and dressing (#6).
2. **TRAINING IN PLANNING AND PREPARING FOOD AND CLEAN-UP** - Training for activities defined in food preparation and clean-up (#12).
3. **TRAINING IN HOUSEKEEPING** - Training for activities defined in housekeeping in (#13).
4. **TRAINING IN BUDGETING AND/OR USING THE BANKING SYSTEM** - Training for activities such as financial management, making deposits and withdrawals, writing checks, paying bills.
5. **TRAINING IN PURCHASING NECESSITIES SUCH AS FOOD AND CLOTHING** - Training for activities such as shopping for groceries, clothing, household items.

6. TRAINING IN SOCIALIZATION SKILLS AND DEVELOPING NORMAL LEISURE TIME ACTIVITIES.
7. TRAINING IN DEVELOPING APPROPRIATE SEXUAL BEHAVIORS.
8. TRAINING IN PARENTING SKILLS, FAMILY RELATIONSHIPS.
9. TRAINING IN ACCESSING PUBLIC AND PRIVATE TRANSPORTATION.
10. TRAINING BY THE BIRTH TO THREE PROGRAM FOR CHILDREN.
11. MEDICAL SUPPORT TRAINING - Training activities defined in SHC, (#7).
12. CONSUMER TRAINING - Training provided to the consumer supervising care provided by a caregiver and/or functioning as the employer of the Supportive Home Care Worker.
13. OTHER - (specify).

APPENDIX E

SSI-E AND OTHER BENEFITS

The following information is provided to give you information on the interface between SSI-E and other benefits.

A. **Subsidized Housing**

If a person who lives in federally subsidized housing begins receiving SSI-E, his or her rent may increase because rental payments in subsidized housing are set at 30% of income. Since the E Supplement is countable income for purposes of subsidized housing, 30% of the increased income attributable to the E Supplement will likely be paid as rent.

It may be possible to reduce a rent increase due to the E Supplement if the person documents that the additional income is used for medical expenses or for disability-related expenses that enable the recipient or a resident family member to be employed. Exact policy and procedure regarding countability of SSI-E income should be obtained from the agency which provides the housing subsidy.

Persons who are certified for the SSI-E payment should be advised (and assisted) to report this additional income to the housing authority immediately upon first receipt. The housing authority generally reviews the income of tenants on a yearly basis. If income changes during the year are not promptly reported, the person could accrue a considerable back payment obligation.

Suggested recommendations for an SSI-E recipient living in subsidized housing are:

1. When you report your higher SSI-E income to the housing rental agent, indicate that these funds are intended to pay for medical and/or disability-related expenses and that you will be keeping track of receipts.
2. Get and keep receipts for expenses related to your disability.
3. If you believe, but are unsure whether an expense is related to your disability, get a receipt. The worst that can happen is it won't be counted, but if you don't get a receipt you will never know if it would have counted.
4. Tell your housing rental agent that you have expenses that should be deducted from your income and give the person the information you collected.
5. Ask your case manager for assistance.

B. Food Stamps

Since 1992, SSI and SSI-E recipients have been eligible to apply for food stamps. Prior to 1992, SSI recipients were not eligible for food stamps, as the \$10 cash equivalent of the minimum food stamp benefit was included in the SSI check instead. In 1992 the state supplement was reduced by \$10 a month reflecting the end of this “cashout” arrangement.

SSI and SSI-E recipients residing alone or only with other SSI recipients (not in substitute care) can now apply for food stamps at the local Social Security office or at the county social/human services department. Such persons are eligible for at least the \$10 minimum food stamp allotment.

SSI and SSI-E recipients residing with others not receiving SSI must apply for food stamps at the county department. Their income and assets will normally be considered together with other household members in determining the household's eligibility for and amount of food stamps.

Special rules apply to SSI and SSI-E recipients in substitute care. However, in all cases the county agency processes the food stamp application (even if taken at SSA), and is required to provide a decision within 30 days.

If a food stamp recipient, whether currently receiving SSI or not, is certified for SSI-E, 30% of the additional income will, other things being equal, be offset by a comparable reduction in food stamp benefits. This is because 30% of the additional income is considered available for food, so the allotment is reduced by that amount.

The E Supplement is counted like other unearned income in calculating the food stamp allotment. The reverse is not true, however. Food stamp benefits are not countable income for purposes of SSI eligibility.

C. Low Income Energy Assistance Program

The Low Income Energy Assistance Program (LIEAP) provides funds to eligible low and moderate income households to help offset the cost of home heating. Benefits are paid once per heating season (October 1 through May 15). In addition to the regular heating assistance benefit there are provisions for emergency assistance in the event a household is without heating fuel or faces disconnection from utility service.

Households apply for this assistance through their county social/human services department. Eligibility is based on household size, income level, and household heating costs. SSI and SSI-E recipients must meet the same eligibility criteria as all other applicants. The household's gross income in the three months prior to application can be no more than 150% of the poverty level, unless all household members are recipients of SSI, TANF or food stamps in each of the three months.

The E Supplement (but not the federal SSI or basic state supplement amounts) is disregarded as income in determining eligibility for energy assistance, so receipt of the E Supplement does not adversely affect energy assistance eligibility.

Residents of subsidized housing, including SSI recipients, whose heat is included in their rent do not qualify for energy assistance as they are not considered to have an energy burden. Subsidized housing residents who pay their own heat may qualify for a benefit if heating costs are sufficient to determine there is a heating burden.

Persons in substitute care in a CBRF, group home, adult family home or foster home are not eligible for an energy assistance program.

D. Medical Assistance

All SSI recipients, including persons certified for the E Supplement, are automatically eligible for Medical Assistance (also called Medicaid, MA, or Title XIX). SSI recipients are eligible for all the services covered by the Medical Assistance program. For MA recipients, including those eligible because of receipt of SSI or SSI-E, some services may require the recipient to pay a portion of the cost of the service (a “co-payment”) and some services require Medical Assistance approval before they are provided (“prior authorization”) for the Medical Assistance to pay for them.

APPENDIX F

SSI-E Statutory Language

s.49.77(3s) INCREASED SUPPLEMENTAL PAYMENTS IN CERTAIN CASES

(a) The department shall authorize payment of an increased state supplement to a person receiving payments under this section, who resides in a residential setting if the person needs at least 40 hours per month of supportive home care, daily living skills training or community support services.

(b) 1. If a person receiving payments under this section is a minor child residing with a parent, only services needed when the parent is away from the residence for purposes of employment count toward the 40 hour requirement in par.(a).

2. If a person receiving payments under this section resides with a spouse, only services needed either because the spouse is away from the residence for purposes of employment or because the spouse is physically or mentally unable to provide the care count toward the 40 hour requirement in par.(a).

(c) The department shall establish a uniform assessment process for determining eligibility under this subsection.

(d) The amount payable under this subsection equals the amount of the state supplement under sub. (2)(a) paid to persons living in nonmedical group homes.

APPENDIX G

(MODEL APPROVAL LETTER)

(Letterhead)

**NOTICE OF SSI-E EXCEPTIONAL EXPENSE CERTIFICATION ACTION
FOR PERSONS IN NATURAL RESIDENTIAL SETTINGS**

DATE

(APPLICANT NAME AND ADDRESS)

Dear Mr./Ms. **(APPLICANT NAME)**:

This is to notify you that the following action has been taken concerning the status of your application for the SSI-E exception expense payment.

Your application for SSI-E certification is approved by **(COUNTY AGENCY NAME)**. This certification has been forwarded to the Department of Health and Family Services for final action. The Wisconsin Department of Health and Family Services will notify you of the effective date and amount of increase in your Supplemental Security Income (SSI) check. This may take about 30 days. If the DHFS SSI office has any questions a representative will contact you.

If you have any questions concerning this notice, please contact **(WORKER NAME)** at the **(AGENCY NAME AND PHONE NUMBER)**.

Sincerely,

(LOCAL AUTHORIZING AGENCY REPRESENTATIVE)

(MODEL DENIAL/DECERTIFICATION LETTER)

(Letterhead)

**NOTICE OF SSI-E EXCEPTIONAL EXPENSE CERTIFICATION ACTION
FOR PERSONS IN NATURAL RESIDENTIAL SETTINGS**

DATE

(APPLICANT NAME AND ADDRESS)

Dear Mr./Ms. **(NAME)**:

This is to notify you that the following action has been taken by the **(COUNTY AGENCY)** concerning the status of your certification for the SSI-E exceptional expense payment.

Your application for certification has been denied effective **(DATE)**. The reason for this denial is: _____

(OR)

Your certification is discontinued effective **(DATE)**. The reason for this discontinuance is:

You have the right to appeal this decision. This right is explained on the other side of this notice. Please read it carefully.

If you have any questions concerning this notice please contact **(COUNTY WORKER NAME)** at the above address and phone number.

Sincerely,

(COUNTY AGENCY REPRESENTATIVE)

APPEALS OR COMPLAINTS

NOTE: DENIAL OR DISCONTINUANCE OF CERTIFICATION FOR THE SSI-E EXCEPTIONAL EXPENSE PAYMENT DOES NOT AFFECT MEDICAL ASSISTANCE, FOOD STAMPS OR YOUR BASIC SSI MONEY PAYMENT.

If you have been denied or discontinued from certification for the SSI-E Exceptional Expense Payment at this time, you have the right to make a new request at any time you believe yourself to be eligible. If you have questions about the action or believe it improper, we will be glad to discuss the matter with you further.

If you believe this action should not have been taken, you have the right to appeal the decision. You have 45 days from the effective date of the denial or discontinuance of certification to appeal.

If you have been notified that your certification for the SSI-E payment will be discontinued, you have 10 days from the date on this notice to appeal if you want the payment to continue until a decision based on a hearing is made; otherwise, payment will be stopped. Let us know at the address or phone number on the other side of this notice if you are requesting that your payment continue until a hearing decision is made.

Send a written request for a hearing to the Department of Administration, Division of Administrative Hearings, P.O. Box 7875, Madison, WI 53707-7875. Briefly state why you think the action you are appealing was in error. If you require assistance in putting your request in writing, we will help you.

At a hearing you have the right to: (1) be assisted by a representative of your choice; (2) present oral and written statements and other evidence; (3) have witnesses subpoenaed; (4) cross-examine witnesses; (4) bring an interpreter, if needed; and (5) examine all documents and records to be used by the agencies at the hearing. If you employ an attorney, we cannot pay the fee.

If you believe you have been discriminated against because of race, color, age, sex, disability or national origin, you have the right to file a complaint with the Secretary, Department of Health and Family Services, P.O. Box 7850, Madison WI 53707-7851, or with the Secretary, U.S. Department of Health and Human Services, Washington, D.C. 20201.